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CENSUS OF ROSARIO.

Primer Censo Municipal de Poblacion de la Ciudad del Rosario de Santa Fe. Republic Argentina, 1902.

This first municipal census of the city of Rosario, the second city in size in the Argentine Republic, is published in a large folio volume of 559 pages fully illustrated with very good heliotypes of the public streets and buildings of the city, and colored diagrams representing the statistical results of the census.

The population had increased from the founding of the city, in 1725, to a total of 112,461 in 1900. More than half this number, however, has been added since 1887, when the population was 50,914. Of the present population, 46,682 were of foreign birth, 25,679 being Italians and 11,753 Spaniards.

The blank employed for obtaining the census called for the following items: Name; sex; age; nationality; profession or occupation; read or write? civil condition: single, married, widower or widow, house or land owner. The number of births in the city in 1900 were 3844, and the rate was 34.1 per 1000. The marriages were 772, and the rate 6.8 or 13.6 (persons married). The deaths were 3265, and the rate was 29.03 per 1000. The most destructive diseases were: tuberculosis, from which there were 259 deaths; meningitis, 272; infantile tetanus, 104; acute lung diseases, 405; enteritis and gastro-enteritis, 591; typhoid fever, 87; measles, 52.

Other important items embraced in the report, besides those pertaining to the population, are the meteorological tables, statistics of commerce and industry, sciences, arts and literature, manufactures, occupations, banks and financial institutions, railways, sanitary department, municipal government, education, charities, statistics of churches and religious sects, streets and theatres. The work of taking and publishing the census was done under the direction of Señor Don Luis Lamas, and is a very creditable public work.

INQUIRY IN REGARD TO TUBERCULOSIS.

The Committee on the Prevention of Tuberculosis, formed last June under the auspices of the Charity Organization Society of New York City, in addition to spreading information by means of litera-

ture and lectures addressed to various classes of the population, and to working for the multiplication and development of agencies to care for consumptives, has undertaken an investigation into the social and economic aspects of tuberculosis. No attempt is being made to duplicate the medical and bacteriological investigations that have been made by many scientists in many lands, but such questions are being taken up as the relation of consumption to density of population, housing conditions, occupation, race characteristics, social habits — relations which vary with locality and time, but cannot be disregarded in any intelligent effort to cope with the disease.

As a foundation for local studies the statistics found in the Twelfth Federal Census have been worked up to show the general incidence of the disease in regard to age, sex, conjugal condition, race and nationality, occupation, and geographical distribution. Since the extraordinary conditions prevailing in New York City make applications of these generalizations unsafe, and since the Committee is confining its practical work to the borough of Manhattan, the main investigation is being directed to the disease as it exists in this part of New York City.

The system of compulsory notification of living cases which has been developed since 1894, and the admirably kept tuberculosis index of all cases known to the Health Department, together with the official death certificates, afford a mass of material. Maps have already been prepared showing the distribution of the mortality from consumption over the city, its relation to density of population, and its concentration in typical blocks and houses, as well as diagrams representing the prevalence of the disease among men and women at different ages and by general nativity and the decrease in the death rate.

The tabulation of the death certificates for 1902, for the points of nationality and occupation, with reference to sex and age, is now going forward. The results will be supplemented by a similar tabulation of the records of living cases.

In addition to this a schedule of sociological inquiries in considerable detail has been prepared for collecting histories of consumptives from the tenement districts of Manhattan. These records are being kept in various institutions which care for such cases, by the special workers among tuberculosis cases in the United Hebrew Charities and the Charity Organization Society, and by several physicians and nurses who work in the poorer sections of the city. It seems prob-

able that fifteen hundred of these comparatively full records of housing and social conditions and occupations will be available by the first of June.

There is small room for doubt that the results obtained from these histories and from the Health Department records will indicate further investigations into certain occupations carried on in the city, into certain places of amusement or of congregation for other purposes, and into the habits of certain sections of the population, and that these investigations will result, directly or indirectly, in ameliorating some of the conditions which make for the persistence and the spread of "the great white plague."

REPORTS OF INSTITUTIONS.

The State of New York, in 1886, added to its Public Health Law certain provisions relating to institutions for homeless children. The object of the new legislation was to remedy the unsanitary and dangerous conditions prevailing in many of these institutions, and to prevent the spread of contagious diseases among the inmates. The State Board of Charities recently attempted to ascertain how great a compliance had been accorded the law during its fifteen years of operation, and to this end the Board investigated conditions in 148 of the children's institutions of the state. It found the degree of compliance greatest in the institutions of New York City, and least in those scattered over the western part of the state.

In every case it was found that the institution in question had obeyed the law as far as the employment of a regular physician went, yet 17 institutions admitted children without examination by a physician, and 11 more did so under "special circumstances." Only 49 were found to comply strictly with the requirement which calls for the filing of a physician's certificate of the child's condition along with the commitment papers, and one-third of the entire number of institutions failed, either wholly or partially, to comply with the section requiring that every child at entrance be placed in strict quarantine until discharged by a physician. The reason most frequently given for failure in this latter instance was "lack of facilities." Nearly four-fifths of the institutions were found to comply with the section which requires a monthly examination, by a compe-